



### **Executive Summary**

Summarizes the Site, Parking, Facility Size, Staff and Contract Health Dollars necessary for the Service Delivery Plan in 2015. Identifies the Direct Care Services Offered to include highlighting any new services. Identifies the communities and population served for each service. The second page of the Executive Summary documents the priority resource issues as identified through the Master Planning process.

#### **Historical Utilization by Location of Encounter**

Documents 3 years of RPMS and contract care workloads provided at the facility predominantly serving the Primary Care Service Area by product line and specialty.

#### **Historical Utilization by Community of Residence**

Documents 3 years of RPMS and contract care workloads provided to the user population of the Service Delivery Area by product line and specialty.

#### **Market Assessment**

Compares the Historical Workload to the Health System Planning software and to national averages of patient care utilization, projecting future workloads based upon the worst case of these three planning scenarios. Also documents the percentage of care that will require contracting due to acuity and the quantity of care that can potentially be served by the direct care system.

#### **Service Delivery Plan**

Recommended service delivery plan by product line based upon projected workload, key characteristics, patient classification and tribal and IHS input.

#### **Resource Allocation**

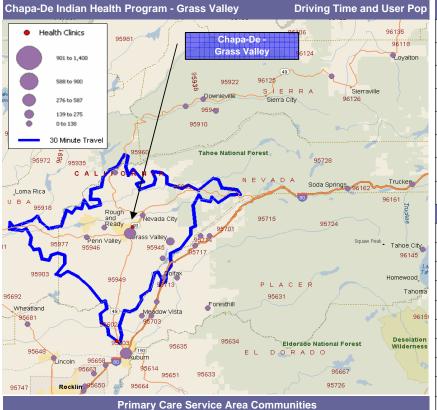
Quantifies the necessary space and key characteristics for the Service Delivery Plan and compares them against existing resources. Also tabulates necessary contract health dollars based on the delivery plan.

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### **Executive Summary**

1 building leased, 1 building owned



Alleghany, Chicago Park, Downieville, Goodyears Bar, Grass Valley, Nevada City, Nevada County Wide, North San Juan, Penn Valley, Rough And Ready, Sattley, Sierra City, Sierra County Wide, Sierraville, Tahoe City

Resource Summary									
	Existing	Need	%						
Total Gross Sq Mtrs (GSM)	307	1,641	18.7%						
IHS Supportable GSM	307	1,641	18.7%						
IHS Parking Spaces	40	41	96.7%						
IHS Site (Hectares)	0.2	1.4	14.0%						
Recurring IHS Positions vs RRM	14.0	29.9	46.8%						
IHS Supportable Space Staff	14.1	36.0	39.2%						
Contract Hith \$	11,128	2,017,321	0.6%						
:	Service Su	ummary							

	Oct vice outlinary
	Primary Care, including
	Family Practice
	Dental
	Mental Health
	Psychiatry
	Social Service
	Public Health Nursing
	Public Health Nutrition
	Health Education
	Diabetes Program
	HIV/AIDS counseling/testing
_	Massage Therapy

Traditional Healing

Optometry (VP)

Maternal Child Health
Injury Prevention

	Security
5	Transportation
	Wellness Center
0	Chiropractic
	Pharmacy
.0	
Α	

Population Summary											
2003 User Pop	627	Growth Rate		9.3%	2015 User Pop		685				
2015 by Age											
0-14	182	15-44	326	45-64	127 65+		50				
	Average Age										
Service Area	31.4	California		26.7	USA		36.0				
Exp	oanded Se		2015 U	N/A							
Services											
Communities											
Ехр	anded Se	ervice Area	a #2		2015 U	ser Pop	N/A				
Services											
Communities											

New services are identified in red.



### **Executive Summary**

#### **Service Area Description**

The Chapa-De Health Program, serving the Primary Care Service Area Communities listed to the left, is located in the city of Grass Valley, California approximately 62 miles North East of Sacramento and 22 miles North from the Auburn clinic.

As part of the Chapa-De Health Program, it is a hub of primary care for Native Americans in Nevada County. It sends most of its referral workload to Sierra Nevada Hospital. The closest alternative care options can be found at Sutter Memorial Hospital or Sutter Roseville Hospital (Tertiary Care).

As noted in the Service Summary to the left, Grass Valley Health Center plans to operate as a 40 hour per week Health Center with complete primary care services, dental, behavioral health and supporting ancillary services. New services anticipated for 2015 include Traditional Healing, HIV/Aids, Injury Prevention and Security services.

### **Facility Description**

The Grass Valley Facility, is part of a permanent condominium structure housing four units which Grass Valley occupies three. The entire structure is approximately 306.7 SM, originally opened in 1976. The medical portion of the building occupies about 106.6 SM, the dental portion of the building occupies 107.9 SM and the Administrative Services/Behavioral Health portion occupies 173.2 SM.

	Services & Resourcing Priorities
1	Increase funding for CHS
2	Increase Primary Care Provider space
3	Increase Dental space
4	Add P/T Pharmacy personnel
5	Increase Administrative FTE
6	Increase Administrative space
7	Add Contract Health personnel
8	Add Diabetes Program space
9	Increase Public Health Nursing FTE
10	Add Public Health Nursing space
11	Add property and supply space
12	Add Visiting Professional space
13	Add Wellness Center/Traditional Healing staff
14	Add Wellness Center/Traditional Healing space
15	Add Social Service FTE



## **Executive Summary**

	Services & Resourcing Priorities Continued								
16	Add Visiting Optometrist								
17	Add MCH staff								
18	Add MCH space								
19	Add transportation staff								
20	Add Security FTE								
21									
22									
23									
24									
25									

	Campus Infrastructure Priorities									
1	Moisture seeping into BHS	7								
2	No back up generator	8								
3	Resurface parking lot	9								
4	evaluation/repair of plumbing system	10								
5		11								
6		12								

	Functional	Deficienc	ies
1	No central entry/reception area	7	
2	Not enough space to meet patient demand for services	8	
3	There is no confidential (and safe) patient conference room for one-on-on patient concerns or billing issues	9	
4	No area for shipping/receiving	10	
5	No overhead paging system: no emergency communication system between separate suites	11	
6	Security issues - difficult to monitor building entrance/entrance to each Department (separate suites)	12	



## Historical Workloads by Location of Encounter - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	Direct or Tribal Health Care				Contract Health Care				
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
		Provider \	isits Only			Р	rovider Visits	Only	
Primary Care									
Family Practice	1,683	1,743	1,840	1,755	0	0	0	0	0.0%
Internal Medicine	0	0	0	0				0	0%
Pediatric	0	0	0	0	0	0	0	0	0%
Ob/Gyn	0	0	0	0	0	0	0	0	0%
Emergency Care									
Emergency/Urgent	0	0	0	0				0	0%
ER/Non-urgent	0	0	0	0				0	0%
Specialty Care									
Orthopedics	0	0	0	0	0	0	0	0	0%
Ophthalmology	0	0	0	0	0	0	0	0	0%
Dermatology	0	0	0	0	0	0	0	0	0%
General Surgery	0	0	0	0	0	0	0	0	0%
Otolaryngology	0	0	0	0	0	0	0	0	0%
Cardiology	0	0	0	0	0	0	0	0	0%
Urology	0	0	0	0				0	0%
Neurology	0	0	0	0	0	0	0	0	0%
Nephrology	0	0	0	0	0	0	0	0	0%
Allergy				0				0	0%
Pulmonology				^				^	00/
Gerontology									_
Gastroenterology	No	o Provide	r Codes	within RP	MS Syste	m for the	se types	of Specia	ılist.
Rheumatology							71		
Oncology		_	_		_	_	_		
Pediatric-Genetics				0				0	0%
Traditional Healing	0	0	0	0				0	0%
Totals	1,683	1,743	1,840	1,755	0	0	0		0%
Direct & Tribal Care + Contract Care	1,683	1,743	1,840	1,755					

 $<sup>^{\</sup>star}\ \mathsf{Provider}\ \mathsf{Visits}\ \mathsf{-}\ \mathsf{Document}\ \mathsf{visits}\ \mathsf{to}\ \mathsf{a}\ \mathsf{Physician}, \mathsf{Nurse}\ \mathsf{Practitioner}, \mathsf{Midwife}, \mathsf{and}\ \mathsf{or}\ \mathsf{Physician}\ \mathsf{Assistant}.$ 

**Other Ambulatory Care Services** 

Dental Service Minutes	52,119	55,318	52,192	53,210				0	0.0%
Optometry Visits	0	1	0	0	0	0	0	0	0.0%
Podiatry Visits	11	40	7	19	0	0	0	0	0.0%
Dialysis Patients	0	0	0	0				0	0%
Audiology Visits	0	0	0	0	0	0	0	0	0%
Outpatient Behavioral									_
Health									
Mental Health Visits	212	202	226	213				0	0.0%
Psychiatry	0	0	1	0	0	0	0	0	0.0%
Social Services Visits	7	17	40	21				0	0.0%
Alcohol & Substance Abuse Visits	0	0	0	0				0	0%
BH Visit Totals	219	219	267	235	0	0	0	0	0.0%

## The California Area Health Services Master Plan Chapa-De Indian Health Program - Grass Valley



## Historical Workloads by Location of Encounter - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	Direct or Tribal Health Care				Contract Health Care				
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
Inpatient Care									
Labor & Delivery Births	0	0	0	0	0	0	0	0	0%
Obstetrics Patient Days	0	0	0	0	0	0	0	0	0%
Neonatology Patient Days	0	0	0	0	0	0	0	0	0%
Pediatric Patient Days	0	0	0	0	0	0	0	0	0%
Adult Medical Patient Days									
Cardiology	0	0	0	0	0	0	0	0	0%
Endocrinology	0	0	0	0	0	0	0	0	0%
Gastroenterology	0	0	0	0	0	0	0	0	0%
General Medicine	0	0	0	0	0	0	0	0	0%
Hematology	0	0	0	0	0	0	0	0	0%
Nephrology	0	0	0	0	0	0	0	0	0%
Neurology	0	0	0	0	0	0	0	0	0%
Oncology	0	0	0	0	0	0	0	0	0%
Pulmonary	0	0	0	0	0	0	0	0	0%
Rheumatology	0	0	0	0	0	0	0	0	0%
Unknown	0	0	0	0	0	0	0	0	0%
Medical Patient Day Total	0	0	0	0	0	0	0	0	0%
Adult Surgical Patient Days		-					-		
Dentistry	0	0	0	0	0	0	0	0	0%
Dermatology	0	0	0	0	0	0	0	0	0%
General Surgery	0	0	0	0	0	0	0	0	0%
Gynecology	0	0	0	0	0	0	0	0	0%
Neurosurgery	0	0	0	0	0	0	0	0	0%
Ophthalmology	0	0	0	0	0	0	0	0	0%
Orthopedics	0	0	0	0	0	0	0	0	0%
Ottolaryngology	0	0	0	0	0	0	0	0	0%
Thoracic Surgery	0	0	0	0	0	0	0	0	0%
	0	0	0	0	0	0			0%
Urology			0	0			0	0	0%
Vascular Surgery	0	0	-	_	0	0	0	0	
Surgical Patient Day Total	0	0	0	0	0	0	0	0	0%
Psychiatry Patient Days	0	0	0	0	0	0	0	0	0%
Medical Detox Patient Days	0	0	0	0	0	0	0	0	0%
Sub Acute/Transitional Care	0	0	0	0	0	•	•	0	0%
Inpatient Care Totals	0	0	0	0	0	0	0	0	0%
Direct & Tribal + Contract Care	0	0	0	0					
Substance Abuse Non- Acute	e Care								
Adult Residential Treatment	0	0	0	0				0	0%
Adol. Residential Treatment	0	0	0	0				0	0%
SA Transitional Care	0	0	0	0				0	0%
Substance Abuse Totals	0	0	0	0	0	0	0	0	0%
Elder Care									
Skilled Nursing Patients	0	0	0	0				0	0%
Assisted Living Patients	0	0	0	0				0	0%
Hospice Patients	0	0	0	0				0	0%
Nursing Home Totals	0	0	0	0	0	0	0	0	0%
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## Historical Workloads by Location of Encounter - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	Direct or Tribal Health Care				Contract Health Care				
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
Ancillary Services		•							
Lab Billable Tests	265	319	242	275				0	0.0%
Pharmacy Scripts	0	0	0	0				0	0%
Acute Dialysis Procedures	0	0	0	0				0	0%
Radiographic Exams	0	0	0	0	0	0	0	0	0%
Ultrasound Exams	0	0	0	0	Ŭ	Ŭ	Ŭ	0	0%
Mammography Exams	0	0	0	0				0	0%
Fluoroscopy Exams	0	0	0	Ö				0	0%
CT Exams	0	0	0	0				0	0%
MRI Exams	0	0	0	0				0	0%
Nuclear Medicine Exams	0	0	0	0				0	0%
Rad. Oncology Treatments	0	0	0	0				0	0%
Chemotherapy Treatments	0	0	0	0				0	0%
Physical Therapy Visits	0	0	0	0				0	0%
Occupational Therapy Visits	0	0	0	0				0	0%
Speech Therapy Visits	0	0	0	0				0	0%
Respiratory Therapy	0	0	0	0				0	0%
Cardiac Catheterization	0	0	0	0				0	0%
Home Health Care Patients	0	0	0	0				0	0%
Minor Procedure Cases									
Endoscopy	0	0	0	0	0	0	0	0	0%
Outpatient Surgery Cases									
Cardiovascular	0	0	0	0	0	0	0	0	0%
Digestive	0	0	0	0	0	0	0	0	0%
Endocrine	0	0	0	0	0	0	0	0	0%
ENT	0	0	0	0	0	0	0	0	0%
Gynecology	2	1	1	1	0	0	0	0	0.0%
Hemic and Lymphatic	0	0	0	0	0	0	0	0	0%
Integument	1	0	1	1	0	0	0	0	0.0%
Musculoskeletal	2	0	1	1	0	0	0	0	0.0%
Nervous	0	0	0	0	0	0	0	0	0%
Ocular	0	0	0	0	0	0	0	0	0%
Respiratory	0	0	0	0	0	0	0	0	0%
Urogenital	0	0	0	0	0	0	0	0	0%
OP Surgical Case Total	5	1	3	3	0	0	0	0	0%
Inpatient Surgery Cases	0	0	0	0	0	0	0	0	0%
Surgical Case Total	5	1	3	3	0	0	0	0	0%
Direct & Tribal + Contract Care	5	1	3	3					
EMC Dro Hospital Book	0	0	0	0				0	00/
EMS - Pre-Hospital Resp.	0	0	0	0				0	0%
EMS - Inter Hospital Resp	0	0	0	0				0	0%



## Historical Workloads by Community of Residence - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	D	irect or Trib	al Health Ca	re		Co	ntract Healt	h Care	
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
		Provider \	isits Only			Р	rovider Visits	Only	
Primary Care									
Family Practice	2,422	2,898	3,019	2,780	0	0	0	0	0.0%
Internal Medicine	0	0	0	0				0	0%
Pediatric	0	0	0	0	0	0	0	0	0%
Ob/Gyn	0	7	2	3	0	0	0	0	0.0%
Emergency Care									
Emergency/Urgent	0	0	0	0				0	0%
ER/Non-urgent	0	0	0	0				0	0%
Specialty Care									
Orthopedics	0	0	0	0	0	0	0	0	0%
Ophthalmology	0	0	0	0	0	0	0	0	0%
Dermatology	0	0	0	0	0	0	0	0	0%
General Surgery	0	0	0	0	0	0	0	0	0%
Otolaryngology	0	0	0	0	0	0	0	0	0%
Cardiology	0	0	0	0	0	0	0	0	0%
Urology	0	0	0	0				0	0%
Neurology	0	0	0	0	0	0	0	0	0%
Nephrology	0	0	0	0	0	0	0	0	0%
Allergy				0				0	0%
Pulmonology		_	_	^		_	_	^	00/
Gerontology	_								_
Gastroenterology	No	o Provide	r Codes	within RP	MS Syste	m for the	se types	of Specia	alist.
Rheumatology					,		,		
Oncology	_								_
Pediatric-Genetics				0				0	0%
Traditional Healing	0	0	0	0				0	0%
Totals	2,422	2,905	3,021	2,783	0	0	0		0%
Direct & Tribal Care + Contract Care	2,422	2,905	3,021	2,783					

<sup>\*</sup> Provider Visits - Document visits to a Physician, Nurse Practitioner, Midwife, and or Physician Assistant.

**Other Ambulatory Care Services** 

Dental Service Minutes	52,119	55,318	52,192	53,210				0	0.0%
Optometry Visits	117	111	136	121	0	0	0	0	0.0%
Podiatry Visits	19	45	20	28	0	0	0	0	0.0%
Dialysis Patients	0	0	0	0				0	0%
Audiology Visits	0	0	0	0	0	0	0	0	0%
Outpatient Behavioral									
Health									
Mental Health Visits	212	202	226	213				0	0.0%
Psychiatry	0	14	84	33	0	0	0	0	0.0%
Social Services Visits	7	17	40	21				0	0.0%
Alcohol & Substance Abuse	0	0	0	0				0	0%
Visits	U	U	U	U				U	0%
BH Visit Totals	219	233	350	267	0	0	0	0	0.0%



## Historical Workloads by Community of Residence - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	ı	Direct or Trib	al Health Ca	ıre		Cor	ntract Healtl	h Care	
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
Inpatient Care									
Labor & Delivery Births	0	0	0	0	0	0	0	0	0%
Obstetrics Patient Days	0	0	0	0	0	0	0	0	0%
Neonatology Patient Days	0	0	0	0	0	0	0	0	0%
Pediatric Patient Days	0	0	0	0	0	0	0	0	0%
Adult Medical Patient Days									
Cardiology	0	0	0	0	0	0	0	0	0%
Endocrinology	0	0	0	0	0	0	0	0	0%
Gastroenterology	0	0	0	0	0	0	0	0	0%
General Medicine	0	0	0	0	0	0	0	0	0%
Hematology	0	0	0	0	0	0	0	0	0%
Nephrology	0	0	0	0	0	0	0	0	0%
Neurology	0	0	0	0	0	0	0	0	0%
Oncology	0	0	0	0	0	0	0	0	0%
Pulmonary	0	0	0	0	2	0	1	1	100.0%
Rheumatology	0	0	0	0	0	0	0	0	0%
Unknown	0	0	0	0	0	0	0	0	0%
Medical Patient Day Total	0	0	0	0	2	0	1	1	100.0%
Adult Surgical Patient Days		_							
Dentistry	0	0	0	0	0	0	0	0	0%
Dermatology	0	0	0	0	0	0	0	0	0%
General Surgery	0	0	0	0	0	31	0	10	100.0%
Gynecology	0	0	0	0	0	0	0	0	0%
Neurosurgery	0	0	0	0	0	0	0	0	0%
Ophthalmology	0	0	0	0	0	0	0	0	0%
Orthopedics	0	0	0	0	0	0	0	0	0%
Otolaryngology	0	0	0	0	0	0	0	0	0%
Thoracic Surgery	0	0	0	0	0	0	0	0	0%
Urology	0	0	0	0	0	0	0	0	0%
Vascular Surgery	0	0	0	0	0	0	0	0	0%
	0	0	0	_	0	31	0	10	100.0%
Surgical Patient Day Total				0					
Psychiatry Patient Days	0	0	0	0	0	0 0	0 0	0	0% 0%
Medical Detox Patient Days		0	0	0	U	U	U	0	
Sub Acute/Transitional Care	0	0	0	0	0	0.4	_	0	0%
Inpatient Care Totals	0	0	0	0	2	31	1	11	100.0%
Direct & Tribal + Contract Care	2	31	1	11					
Substance Abuse Non- Acute	e Care								
Adult Residential Treatment	0	0	0	0				0	0%
Adol. Residential Treatment	0	0	0	0				0	0%
SA Transitional Care	0	0	0	0				0	0%
Substance Abuse Totals	0	0	0	0	0	0	0	0	0%
Elder Care	_	_		_					
Skilled Nursing Patients	0	0	0	0				0	0%
Assisted Living Patients	0	0	0	0				0	0%
Hospice Patients	0	0	0	0				0	0%
Nursing Home Totals	0	0	0	0	0	0	0	0	0%
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## The California Area Health Services Master Plan Chapa-De Indian Health Program - Grass Valley



## Historical Workloads by Community of Residence - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	D	irect or Trib	al Health Ca	ıre		Со	ntract Healtl	n Care	
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
Ancillary Services		•							
Lab Billable Tests	265	319	242	275				0	0.0%
Pharmacy Scripts	0	0	0	0				0	0%
Acute Dialysis Procedures	0	0	0	0				0	0%
Radiographic Exams	0	0	0	0	0	0	0	0	0%
Ultrasound Exams	0	0	0	0	ŭ	· ·	ŭ	0	0%
Mammography Exams	0	0	0	0				0	0%
Fluoroscopy Exams	0	0	0	0				0	0%
CT Exams	0	0	0	0				0	0%
MRI Exams	0	0	0	0				0	0%
Nuclear Medicine Exams	0	0	0	0				0	0%
Rad. Oncology Treatments	0	0	0	0				0	0%
Chemotherapy Treatments	0	0	0	0				0	0%
Physical Therapy Visits	0	0	0	0				0	0%
Occupational Therapy Visits	0	0	0	0				0	0%
Speech Therapy Visits	0	0	0	0				0	0%
Respiratory Therapy	0	0	0	0				0	0%
Cardiac Catheterization	0	0	0	0				0	0%
Home Health Care Patients	0	0	0	0				0	0%
Minor Procedure Cases									
Endoscopy	0	0	0	0	0	0	0	0	0%
Outpatient Surgery Cases									
Cardiovascular	0	0	0	0	0	0	0	0	0%
Digestive	0	0	0	0	0	0	0	0	0%
Endocrine	0	0	0	0	0	0	0	0	0%
ENT	0	0	0	0	0	0	0	0	0%
Gynecology	1	1	1	1	0	0	0	0	0.0%
Hemic and Lymphatic	0	0	0	0	0	0	0	0	0%
Integument	1	0	1	1	0	0	0	0	0.0%
Musculoskeletal	2	0	1	1	0	0	0	0	0.0%
Nervous	0	0	0	0	0	0	0	0	0%
Ocular	0	0	0	0	0	0	0	0	0%
Respiratory	0	0	0	0	0	0	0	0	0%
Urogenital	0	0	0	0	0	0	0	0	0%
OP Surgical Case Total	4	1	3	3	0	0	0	0	0%
Inpatient Surgery Cases	0	0	0	0	0	1	0	0	100.0%
Surgical Case Total	4	1	3	3	0	1	0	0	11%
Direct & Tribal + Contract Care	4	2	3	3					
EMS - Pre-Hospital Resp.	0	0	0	0				0	0%
· · ·									
EMS - Inter Hospital Resp	0	0	0	0				0	0%

## Chapa-De Indian Health Program - Grass Valley



### Market Assessment - Native American

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

Year		2003			2015		2015 P	anning Assu	umption
HSP User Pop PSA		627			685				
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care
Deimony	Pro	vider Visits On	ly	Pro	ovider Visits Or	nly	Р	rovider Visits Or	nly
Primary care	2.700	698		2.027	763		2 110	2.110	0
Family Practice Internal Medicine	2,780	266		3,037 0	763 290	Cell = Sub-Total	2,110 290	2,110 290	0
Pediatric	0	323		0	353	less PC Specialties	353	353	0
Ob/Gyn	3	263		3	287	Specialities	287	287	0
Urgent Care Clinic	0	200		0	201		0	0	0
Primary Care Sub-Tot.	2,783	1,550	2,506	3,040	1,692	2,740	3,040	3,040	0
Emergency Care									
Emergency/Urgent	0	141		0	154	Cell = Sub-Total	154	154	0
ER/Non-urgent		94			103	less E/U	<b>▶</b> 153	153	0
Emerg. Care Sub-Tot.	0	236	284	0	257	308	308	308	0
Specialty Care	1								
Orthopedics	0	120		0	131		131	131	0
Ophthalmology	0	84		0	92		92	92	0
Dermatology	0	94		0	102		102	102	0
General Surgery	0	92		0	100		100	100	0
Otolaryngology	0	55		0	60		60	60	0
Cardiology Urology	0	27 31		0 0	29 34		29 34	29 34	0 0
Neurology	0	25		0	34 28		28	34 28	0
Other Specialties	U	201		0	220		159	159	0
Nephrology	0	Unknown		0	Unknown		0	0	0
Allergy	0	19		0	21		21	21	0
Pulmonology	0	8		0	9		9	9	0
Gerontology	0	Unknown		0	Unknown		0	0	0
Gastroenterology	0	16		0	18		18	18	0
Rheumatology	0	Unknown		0	Unknown		0	0	0
Oncology	0	12		0	13		13	13	0
Pediatric-Genetics	0	Unknown		0	Unknown		0	0	0
Traditional Healing	0	Unknown		0	Unknown		0	0	0
Specialty Care Sub-Tot.	0	784	105	0	856	117	795	795	0
Total Provider Visits By PSA Residents	2,783	2,569	2,894	3,040	2,805	3,165	4,143	4,143	0
Provider Visits	Unmet need if (-)	-117	Over Utilization	on if (+)					
Total Provider Patient	4.44	4.10	4.62			y dividing the	Total Provide	er Visits from th	e PSA by
Utilization Rate Other Ambulatory Care				the User Po	opulation.				
Services									
Dental Service Minutes	53,210	56,315	59,565	58,132	61,542	65,075	65,075	65,075	0
Optometry Visits	121	Unknown	203	133	Unknown	222	222	222	0
Podiatry Visits	28	125		31	136		136	136	0
Dialysis Patients	0	Unknown		0	Unknown		0	0	0
Audiology Visits	0	98	67	0	107	70	107	107	0
Outpatient Behavioral Health									
Mental Health Visits	213	Unknown	112	233	Unknown	118	233	233	0
Psychiatry	33	66		36	72		72	72	0
Social Services Visits	21	Unknown		23	Unknown		23	23	0
Alcohol & Substance Abuse	0	Unknown	110	0	Unknown	110	0	0	0
BH Visits Totals	267	66	112	292	72	118	329	329	0



### Market Assessment - Native American

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

Year		2003			2015		2015 P	lanning Ass	umption
HSP User Pop PSA		627			685				•
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care
Inpatient Care	Pro	vider Visits O	nly	Pro	ovider Visits Or	nly	Р	rovider Visits O	nly
Labor & Delivery Births	0	13	12	0	14	13	14	11	2
Obstetrics Patient Days	0	26	25	0	29	28	29	23	5
Neonatology Patient Days	0	32		0	35		35	21	14
Pediatric Patient Days	0	16	N/A	0	17	N/A	17	11	6
Adult Medical Patient Days									
Cardiology	0	19		0	21		21	18	6
Endocrinology	0	3		0	4		4	4	0
Gastroenterology	0	12		0	13		13	15	0
General Medicine	0	14		0	15		15	16	2
Hematology	0	2		0	2		2	1	1
Nephrology	0	3		0	4		4	4	1
Neurology	0	8		0	8		8	9	1
Oncology	0	5		0	5		5	2	4
Pulmonary	1	18		1	20		20	20	4
Rheumatology	0	1		0	1		1	1	0
Unknown	0	1		0	1		1	1	0
Medical Patient Day Total	1	86	98	1	93	110	110	91	19
Adult Surgical Patient Days									
Dentistry	0	0		0	0		0	0	0
Dermatology	0	0		0	1		1	1	0
General Surgery	10	25		11	27		27	18	9
Gynecology	0	6		0	6		6	5	1
Neurosurgery	0	6		0	7		7	2	4
Ophthalmology	0	0		0	0		0	0	0
Orthopedics	0	15		0	17		17	14	3
Otolaryngology	0	5		0	6		6	1	5
Thoracic Surgery	0	9		0	10		10	1	10
Urology	0	3		0	4		4	2	2
Vascular Surgery	0	6	62	0	7	71	7	3	4
Surgical Patient Day Total	10	77	63	11	84	71 7	84	46	38
Psychiatry Patient Days	0	14	6	0	15	1	15	4	11
Medical Detox Patient Days	0	2		0	3		3	2	1
Sub Acute/Transitional Care	0	49		0	53		53	53	0
Inpatient Care Totals	11	302	193	12	329	216	346	252	94
Inpatient Patient Days	Unmet need if (-)	_·)U1	Over Utilizati	on if (+)					
Substance Abuse Non-Acute	Care								
Adult Residential Treatment	0	114		0	125		125	125	0
Adol. Residential Treatment	0	26		0	28		28	28	0
SA Transitional Care	0	4		0	5		5	5	0
Substance Abuse Total	0	144	0	0	158	0	158	158	0
Elder Care									
Skilled Nursing Patients	0	1		0	1		1	1	0
Assisted Living Patients	0	1		0	1		1	1	0
Hospice Patients	0	0		0	0		0	0	0
Nursing Home Total	0	2	0	0	3	0	3	3	0

## The California Area Health Services Master Plan Chapa-De Indian Health Program - Grass Valley



### Market Assessment - Native American

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

Year		2003			2015		2015 PI	anning Assı	umption
HSP User Pop PSA		627			685				
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care
	Pro	ovider Visits On	ly	Pro	ovider Visits On	ly	P	rovider Visits O	nly
Ancillary Services									
Laboratory Services									
Clinical Lab Billable Tests		2,637	2,247		2,878	2,452	2,878	2,570	164
Microbiology Billable Tests		373	527		407	575	575	328	219
Blood Bank Billable Tests		66	44		72	48	72	67	1
Anatomical Pathology		5	13		6	15	15	9	5
Lab Billable Tests	275	3,081	2,831	301	3,363	3,089	3,363	2,974	389
Pharmacy Scripts	0	6,423		0	7,013		7,013	7,013	0
Acute Dialysis Procedures	0	2		0	2		2	2	0
Radiographic Exams	0	217	259	0	237	282	282	282	0
Ultrasound Exams	0	43	36	0	47	39	47	47	0
Mammography Exams	0	90	87	0	99	95	99	99	0
Fluoroscopy Exams	0	11	18	0	12	20	20	20	0
CT Exams	0	17	6	0	18	6	18	18	0
MRI Exams	0	11		0	12		12	12	0
Nuclear Medicine Exams	0	27		0	30		30	30	0
Rad. Oncology Treatments	0	Unknown		0	Unknown		0	0	0
Chemotherapy Treatments	0	Unknown		0	Unknown		0	0	0
Rehabilitation Services	_								
Physical Therapy Visits	0	Unknown		0	Unknown		0	226	0
Occupational Therapy Visits	0	Unknown		0	Unknown		0	64	0
Speech Therapy Visits	0	Unknown		0	Unknown		0	32	0
Rehab Total Visits	0	-	290	0	-	322	322	322	0
Respiratory Therapy		Unknown	2,874	0	Unknown	3,087	3,087	3,087	0
Workload Minutes	0		,-			-,	·	·	
Cardiac Catheterization	0	3		0	5		5	5	0
Home Health Care Patients	0	4		0	5		5	5	0
Minor Procedure Cases	0	4.4		•	4.0		40	4.0	•
Endoscopy	0	11		0	12		12	12	0
Outpatient Surgery Cases Cardiovascular	0	4		0	4		4		0
	0	1		0	1		1	1	0
Digestive Endocrine	0	11		0	12		12	12	0
Endocrine	0	0		0	0		0	0	0
	0	5		0	5		5	5	0
Gynecology	1	4		1	4		4	4	0
Hemic and Lymphatic Integument	0	0		0	0		0	0	0
3	1	4 7		1 1	5 7		5 7	5 7	0
Musculoskeletal Nervous	•	-		•	•		•	•	0
Ocular	0 0	2		0	2		2	2	0
Respiratory	-	4		0	5		5	5	0
Respiratory Urogenital	0 0	1		0	1		1	1	0
OP Surgical Case Total	3	3	10	0	3	40	3	3 44	0
		40 16	13	3	44	13	44		0 7
Inpatient Surgery Cases	0 3	16 57	13 27	0 3	18 62	13 27	18 62	11 55	7
Surgical Case Total	3	31	21	3	0Z	21	0Z	ეე	- /
EMS Responses	0	82		0	90		90	90	0
FINIO IZESPOLISES	U	0L		U	30		30	50	0



### Delivery Plan - Native American (IHS)

Small Health Clinic SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need				Delivery	Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA			ls due to shold	
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks

#### **Primary Care** (Provider Visits)

0.0%

Primary Care Clinic examines, diagnoses, and treats ambulatory patients giving continuity and coordination to their total healthcare including referral to other health professionals and admissions to inpatient services while retaining primary responsibility for care of these patients, as appropriate. Primary Care Clinic assesses, provides, and evaluates the care of patients with healthcare problems including history and physical, assessment and treatment of common minor illnesses, maintenance care of patients with chronic diseases, and health counseling and teaching.

Family Practice	2,110	2,110	Providers	1.1	3,040	1.1 SAC
Internal Medicine	290	290	Providers	0.1		rolled up in FP
Pediatric	353	353	Providers	0.1		rolled up in FP
Ob/Gyn	287	287	Providers	0.1		rolled up in FP
Urgent Care Clinic	0	0	Providers	0.0	0	
Primary Care Total	3,040	3,040	Providers	1.1	3,040	SAC

#### **Emergency Care**

The Emergency Medical Clinic provides emergency care, diagnostic services, treatment, surgical procedures, and proper medical disposition of an emergency nature to patients who present themselves to the service. It refers patients to specialty clinics and admits patients as needed; provides clinical consultation services and professional training of assigned personnel; supports mass casualty and fire drills; and prepares reports.

Emergency/Urgent	154	154	Patient Spaces	0.0	154
ER/Non-urgent	153	153	Providers	0.0	153
Emergency Care Total	308	308	Patient Spaces	0.2	308

### **Specialty Care**

Crossover %

0.0%

Specialty Care examines, diagnoses, and treats diseases and injuries requiring specialized capabilities diagnosis and procedures beyond the Primary Care team. The service is typically provided by visiting providers who have established clinic hours for consistent referral patterns

The service is typically	provided by vi	Sitting provi	dors who have established elimic no	uro for coriore	iterit rererrai patternis.	
Orthopedics	131	131	Providers 0.0		131	
Ophthalmology	92	92	Providers 0.0		92	
Dermatology	102	102	Providers 0.0		102	
General Surgery	100	100	Providers 0.0		100	
Otolaryngology	60	60	Providers 0.0		60	
Cardiology	29	29	Providers 0.0		29	
Urology	34	34	Providers 0.0		34	
Neurology	28	28	Providers 0.0		28	
Subspecialties	159	159	Providers 0.1		159	
Nephrology	0	0	Providers 0.0		0	
Allergy	21	21	Providers 0.0		21	
Pulmonology	9	9	Providers 0.0		9	
Gerontology	Unknown	0	Providers Unknown		X	
Gastroenterology	18	18	Providers 0.0		18	
Rheumatology	Unknown	0	Providers Unknown		X	
Oncology	13	13	Providers 0.0		13	
Pediatric-Specialist	Unknown	0	Providers Unknown		Х	
Traditional Healing	0	0	Providers 0.0	1.0	Would like to have in	n future
Specialty Care Sub- Total	795	795		1	795	



### Delivery Plan - Native American (IHS)

Small Health Clinic SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need				Delivery	Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA			ls due to shold	
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Other Ambulatory Care										
Crossover % - Dental	0.0%		Crossover % - Optometry	0.0%						
Dental Service	65,075	65,075	Dentists	1.9	65,075					1.9 SA
			Visiting Specialist							
Dental Clinic provides			nd maintaining the higl		oral health p		-	-		
Optometry Visits	222	222	Optometrist	0.1		222	222		AC provides	•
			s, and adnexa including	~	•	ocedures, presc	ribes lenses	s to correct ref	fractive error	and impro
			nosis and treatment of	•	disease.			400		
Podiatry Visits	136	136	Podiatrists  outs with disorders, disea	0.1	iurion to the	foot or adjunctive	tionuo: pro	136		ted at Aubu
	•	•	rehensive plan of care			•			•	•
		•	prevention of disease; a		-	•	_			-
			sion of reports, and ma	•						
Dialysis Patients	0	0	Dialysis Stations	0.0			0			
Dialysis provides the p	urification of t	he patient's	blood through use of a	an artificial k	idney machir	ne or similar devi	ce. Special	ly trained pers	sonnel opera	te, maintai
nd monitor the hemod	dialysis equipr	ment and ot	her specialized suppor	t equipment	for patients \	who are undergo	ing hemodi	ialysis treatme	ent in the uni	t.
Audiology Visits	107	107	Audiologists	0.1			107			
• • • • • • • • • • • • • • • • • • • •	•	rehensive a	udiologic support for pa	atients for th	e determinat	ion of etiology. r	athology, a	nd magnitude	of hearing le	oss and
								•	•	
			sts in the evaluation of	•		ystems. Specifi	c services i	nclude pure to		
basic and advanced cl	inical testing;	pediatric ev	aluations; neonatal hea	aring testing	as part of the	ystems. Specifi e early hearing l	c services i oss identific	nclude pure to ation progran	n; hearing aid	d evaluatio
basic and advanced cl	inical testing; <sub>i</sub> er mold fittings	pediatric ev		aring testing	as part of the	ystems. Specifi e early hearing l	c services i oss identific	nclude pure to ation progran	n; hearing aid	d evaluatior
basic and advanced cli fittings, and repairs; ea	inical testing; <sub>i</sub> er mold fittings	pediatric ev	aluations; neonatal hea	aring testing	as part of the	ystems. Specifi e early hearing l	c services i oss identific	nclude pure to ation progran	n; hearing aid	d evaluatior
basic and advanced clittings, and repairs; eareferral and disposition  Behavioral Health  Behavioral Health proservices, patient care, butpatient) referred to child abuse or attempte information and referra	inical testing; or mold fittings or mold	pediatric ev ; vestibular tric, psycho. eferral, and rk Clinic, wi provides a ge planning	aluations; neonatal hea	aring testing g of hearing substance al acilitate med red patients f service to p	as part of the protection de p	systems. Specifice early hearing levices (fitting, edicioeconomic evalus, care, treatment and their families incontents and families an	c services in oss identification, and ducation and ot; and proper on the base duding countilies, social	nclude pure to eation program of motivation); a consultation; aer disposition sis of diagnosi selling and gu service delive	n; hearing aid determination individual ar of patients ( is (for examp idance, there	d evaluation on of prope and group inpatient an app,
basic and advanced clittings, and repairs; eareferral and disposition  Behavioral Health  Behavioral Health proservices, patient care, butpatient) referred to child abuse or attempte information and referra	inical testing; or mold fittings or mold	pediatric ev ; vestibular tric, psycho. eferral, and rk Clinic, wi provides a ge planning	aluations; neonatal hea evaluations, dispensing logical, psychosocial, standardiscolored follow-up services to fathich includes self-refericomprehensive plan on gryprovides clinical and	aring testing g of hearing substance al acilitate med red patients f service to p	as part of the protection de p	systems. Specifice early hearing levices (fitting, edicioeconomic evalus, care, treatment and their families incontents and families an	c services in oss identification, and ducation and ot; and proper on the base duding countilies, social	nclude pure to eation program of motivation); a consultation; aer disposition sis of diagnosi selling and gu service delive	n; hearing aid determination individual ar of patients ( s (for examp idance, there ery evaluation	d evaluation on of prope and group inpatient an app,
basic and advanced clittings, and repairs; eareferral and disposition  Behavioral Health  Behavioral Health proservices, patient care, putpatient) referred to child abuse or attempts for formation and referratraining of assigned and Mental Health	inical testing; in mold fittings in mold	pediatric ev ; vestibular tric, psychol eferral, and rk Clinic, wi provides a ge planning y affiliated p	aluations; neonatal hea evaluations, dispensin logical, psychosocial, s follow-up services to fa hich includes self-referi comprehensive plan o g; provides clinical and personnel; prepares an	aring testing g of hearing  aubstance all acilitate med red patients f service to p  consultative d submits re	as part of the protection de pouse, and soci ical diagnosi and those se patients and services to p ports; mainta	systems. Specifice early hearing levices (fitting, edicioeconomic evalus, care, treatment and their families incontents and families an	c services in oss identification, and ducation and ot; and proper on the base duding countilies, social	nclude pure to eation program of motivation); a consultation; aer disposition sis of diagnosi selling and gu service delive	n; hearing aid determination individual ar of patients ( s (for examp idance, there ery evaluation	d evaluation on of prope
pasic and advanced clittings, and repairs; ea eferral and disposition.  Behavioral Health Behavioral Health pro- services, patient care, putpatient) referred to a child abuse or attempte information and referral raining of assigned and Mental Health Psychiatry Provider	inical testing; in mold fittings in mold	tric, psychological provides a ge pfiliated p gasta ga	aluations; neonatal hea evaluations, dispensing logical, psychosocial, s follow-up services to fa hich includes self-refer comprehensive plan o grippovides clinical and personnel; prepares an Counselors	aring testing g of hearing  aubstance all acilitate med red patients f service to p  consultative d submits re  1.0	as part of the protection de pouse, and soci ical diagnosi and those se patients and services to p ports; mainta	eystems. Specifice early hearing levices (fitting, edicioeconomic evalues, care, treatmenter automatically their families incontients and famains medical and	c services in coss identification, and lucation and not; and proper on the baseluding countilies, social services is social services.	nclude pure to eation program of motivation); a consultation; aer disposition sis of diagnosi selling and gu service delive	n; hearing aid determination individual ar of patients ( s (for examp idance, there ery evaluation	d evaluation on of prope
pasic and advanced clittings, and repairs; earlieferral and disposition  Behavioral Health  Behavioral Health proservices, patient care, putpatient) referred to child abuse or attempts information and referraraining of assigned and Mental Health  Psychiatry Provider Social Service  Alcohol &	vides psychia information, rethe Social Wo ed suicide). It I, and dischar d contractuall	tric, psychological provides a ge pfiliated p 233 72	aluations; neonatal hea evaluations, dispensing logical, psychosocial, statements follow-up services to fathich includes self-referic comprehensive plan of provides clinical and personnel; prepares and Counselors Providers	aring testing g of hearing aubstance all acilitate med red patients f service to p consultative d submits re 1.0 0.0	ouse, and socilical diagnosis and those separtients and services to perform manual to the services to perforts; maintal 1.0	eystems. Specifice early hearing levices (fitting, edicioeconomic evalues, care, treatmenter automatically their families incontients and famains medical and	c services in coss identification, and lucation and not; and proper on the baseluding countilies, social services is social services.	nclude pure to eation program of motivation); is consultation; er disposition eris of diagnosi seling and gu service delive rice records.	n; hearing aid determination individual ar of patients ( s (for examp idance, there ery evaluation	nd group inpatient a. appy, n; profession (1 current)
pasic and advanced clittings, and repairs; earlieferral and disposition  Behavioral Health  Behavioral Health proservices, patient care, putpatient) referred to child abuse or attempts information and referraraining of assigned and Mental Health  Psychiatry Provider Social Service  Alcohol &  Substance Abuse  Behavioral Health	inical testing; in mold fittings in mold	tric, psycho. eferral, and ryk Clinic, w ryk clinic, w ryk provides a ge planning y affiliated p 233 72 23	aluations; neonatal hea evaluations, dispensing logical, psychosocial, stability of the follow-up services to father the follow-up services to father the follow-up services to father the follow-up services self-refer comprehensive plan of the following provides clinical and personnel; prepares and counselors Providers Counselors	aring testing g of hearing aubstance at acilitate med ref service to p consultative d submits re  1.0 0.0 0.5	as part of the protection de p	eystems. Specifice early hearing levices (fitting, edicioeconomic evalues, care, treatmenter automatically their families incontients and famains medical and	c services in coss identification, and lucation and not; and proper on the baseluding countilies, social services is social services.	nclude pure to eation program of motivation); is consultation; er disposition eris of diagnosi seling and gu service delive rice records.	individual ar of patients ( is (for examp idance, there iny evaluation	nd group inpatient a. appy, n; profession (1 current)
pasic and advanced clittings, and repairs; earlings, and repairs; earlieferral and disposition.  Behavioral Health proservices, patient care, putpatient) referred to a child abuse or attempted information and referraraining of assigned and Mental Health Psychiatry Provider Social Service Alcohol & Substance Abuse Behavioral Health Fotals	inical testing; in mold fittings in mold	tric, psychological provides a ge planning y affiliated p 233 72 23 0	aluations; neonatal hea evaluations, dispensing logical, psychosocial, standardisces to father follow-up services to father comprehensive plan on grovides clinical and personnel; prepares an Counselors Providers Counselors Counselors	aubstance at acilitate med red patients for service to p consultative d submits re 1.0 0.0 0.5 0.0	as part of the protection de p	eystems. Specifice early hearing levices (fitting, edicioeconomic evalues, care, treatmenter automatically their families incontients and famains medical and	c services in pss identification, and lucation and at; and propour or on the bas luding coun ilies, social social servi	nclude pure to eation program of motivation); is consultation; er disposition eris of diagnosi seling and gu service delive rice records.	individual ar of patients ( is (for examp idance, there iny evaluation	nd group inpatient a. appy, n; profession (1 current)
pasic and advanced clittings, and repairs; eareferral and disposition  Behavioral Health Behavioral Health proservices, patient care, putpatient) referred to schild abuse or attempts fromation and referratraining of assigned and Mental Health Psychiatry Provider Social Service Alcohol & Substance Abuse Behavioral Health Totals  Inpatient Care	inical testing; in mold fittings in mold	tric, psychological provides a ge planning y affiliated p 233 72 23 0	aluations; neonatal hea evaluations, dispensing logical, psychosocial, standardisces to father follow-up services to father comprehensive plan on grovides clinical and personnel; prepares an Counselors Providers Counselors Counselors	aubstance at acilitate med red patients for service to p consultative d submits re 1.0 0.0 0.5 0.0	as part of the protection de p	eystems. Specifice early hearing levices (fitting, edicioeconomic evalues, care, treatmenter automatically their families incontients and famains medical and	c services in pss identification, and lucation and at; and propour or on the bas luding coun ilies, social social servi	nclude pure to eation program of motivation); is consultation; er disposition eris of diagnosi seling and gu service delive rice records.	individual ar of patients ( is (for examp idance, there iny evaluation	nd group inpatient a appy, n; profession  SA
pasic and advanced clittings, and repairs; earlings, and repairs; earlieferral and disposition.  Behavioral Health proservices, patient care, putpatient) referred to a child abuse or attempted information and referraraining of assigned and Mental Health Psychiatry Provider Social Service Alcohol & Substance Abuse Behavioral Health Fotals	inical testing; in mold fittings in mold	tric, psycho. eferral, and rick Clinic, which provides a ge planning y affiliated p 233 72 23 0	aluations; neonatal hea evaluations, dispensing logical, psychosocial, s follow-up services to fathich includes self-referic comprehensive plan of grovides clinical and personnel; prepares and Counselors Providers Counselors Counselors	aring testing g of hearing g of	ouse, and sociocal diagnosis and those separtients and services to perform mainted.	eystems. Specifice early hearing levices (fitting, edicioeconomic evalues, care, treatmenter automatically their families incontients and famains medical and	c services in possible in cation, and lucation and proper on the bas luding countiles, social services 72	nclude pure to eation program of motivation); is consultation; er disposition eris of diagnosi seling and gu service delive rice records.	individual ar of patients ( is (for examp idance, there iny evaluation	nd group inpatient a appy, n; profession  SA

Obstetrics provides for specialized care, treatment, and consultative evaluation to eligible inpatients; provides antepartum, delivery, and postpartum care to maternity patients; and has responsibility for the operation and maintenance of the labor and delivery suite. The labor and delivery suite provides labor and delivery care by specially trained personnel to eligible patients, including prenatal care during labor, assistance during delivery, post-natal care, and minor gynecological surgery, if it is performed in the suite. Additional activities may include preparing sterile set-ups for deliveries; preparing patients for transportation to the delivery suite and the post-anesthesia.

Neonatology 21 # of Bassinets 0.5 21 21 Patient Days

The Newborn Nursery provides specialized inpatient care, treatment, and consultative evaluation of newborn infants; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of the newborn, including those born prematurely; and provides for, or otherwise ensures, appropriate diagnostic evaluation and care of all inpatient in the neonatal age group; prepares medical records; and submits required reports.

## The California Area Health Services Master Plan Chapa-De Indian Health Program - Grass Valley



### Delivery Plan - Native American (IHS)

Small Health Clinic SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need				Delivery	Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA			s due to shold	
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Pediatric Patient Days	11	11	# of Beds	0.3	0		11			

Pediatric Care provides specialized inpatient care, treatment, and consultative evaluation of infants, children, and adolescents; maintains close liaison with the other professional services; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of eligible patients; prepares medical records; and submits required reports.

#### Adult Medical Acute Care

Medical Care provides inpatient care and consultative evaluation in the medical specialties and subspecialties described in this section; coordinates healthcare delivery relative to the examination, diagnosis, treatment and proper disposition of eligible patients, appropriate to the specialty or subspecialty; prepares medical records; and submits required reports. The organization of the medical care function will vary according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and

•						
Cardiology	18	18	# of Beds 0.2	0	18	
Endocrinology	4	4	# of Beds 0.0	0	4	
Gastroenterology	15	15	# of Beds 0.2	0	15	
General Medicine	16	16	# of Beds 0.2	0	16	
Hematology	1	1	# of Beds 0.0	0	1	
Nephrology	4	4	# of Beds 0.0	0	4	
Neurology	9	9	# of Beds 0.1	0	9	
Oncology	2	2	# of Beds 0.0	0	2	
Pulmonary	20	20	# of Beds 0.2	0	20	
Rheumatology	1	1	# of Beds 0.0	0	1	
Unknown	1	1	# of Beds 0.0	0	1	
Medical Patient Day Total	91	91	1.0	0	91	

### Adult Surgical Acute Care

Surgical Care provides inpatient care and consultative evaluation in the surgical specialties and subspecialties described in this subsection; coordinates healthcare delivery relative to the examination, treatment, diagnosis, and proper disposition of eligible patients, appropriate to the specialty or subspecialty; prepares medical records; and submits required reports. The organization of the surgical care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and

Dentistry	0	0	# of Beds 0.0	0	0	
Dermatology	1	1	# of Beds 0.0	0	1	
General Surgery	18	18	# of Beds 0.3	0	18	
Gynecology	5	5	# of Beds 0.1	0	5	
Neurosurgery	2	2	# of Beds 0.0	0	2	
Ophthalmology	0	0	# of Beds 0.0	0	0	
Orthopedics	14	14	# of Beds 0.2	0	14	
Otolaryngology	1	1	# of Beds 0.0	0	1	
Thoracic Surgery	1	1	# of Beds 0.0	0	1	
Urology	2	2	# of Beds 0.0	0	2	
Vascular Surgery	3	3	# of Beds 0.0	0	3	
Surgical Patient Day Total	46	46	# of Beds 0.7	0	46	
Intensive Care	26	26	# of beds 0.1	0	26	

Intensive Care Units (ICUs) provide treatment for patients who require intensified, comprehensive observation and care because of shock, trauma, or other lifethreatening conditions. They are staffed with specially trained personnel and contain monitoring equipment and other specialized support equipment for treating.

	Psychiatry	4	4	# of Beds	0.0	0		4
--	------------	---	---	-----------	-----	---	--	---

Psychiatric Care provides specialized care and consultative evaluation for eligible inpatients; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of patients with psychotic, neurotic, or other mental disorders; maintains protective custody of patients with psychiatric disorders when required to prevent injury to themselves or to others; establishes therapeutic regimens; conducts individual or group therapy sessions; provides short-term treatment to patients psychologically or physically dependent upon alcohol or drugs; maintains custody of sensitive or medically privileged records and correspondence that evolve during treatment of patients; prepares medical records; and submits required reports.

## The California Area Health Services Master Plan Chapa-De Indian Health Program - Grass Valley



### Delivery Plan - Native American (IHS)

Small Health Clinic SAC

Establishes Projecte	ed workload	l and key c	haracteristics per p	roduct line	, while reco	mmending a	delivery op	tion.		
			Projected Need				Delivery	Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA			s due to shold	
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Medical Detox	2	2	# of Beds	0.0	0		2			
Substance Abuse Care diagnosis, treatment, a when required to preve sensitive or medically p	nd proper disent injury to th	position of permodern per	atients psychologically to others; establishes	or physicali therapeutic	ly dependent regimens; co	t upon alcohol o onducts individu	r drugs; main al or group th	tains protect nerapy sessio	ive custody o ons; maintain	of patients as custody of
Sub Acute / Transitional Care	53	53	# of Beds	0.2	0		53			
Transitional Care provi acute care, provides sp			•	•	-	eyond their discl	harge from a	cute care. Si	affing, while	less than
Inpatient Care Totals	278	278	# of Beds	3	0		278			
Substance Abuse Non-Acute Care										
Substance Abuse Non-	-Acute Care -	the treatme	nt of substance abuse	disorders in	an age and	security specific	setting.			
Adult Residential Treatment	125	125	# of Beds	0.5			125		125	
Adolescent										

Substance Abuse Non	-Acute Care -	the treatme	nt of substance abuse disoi	rders in	an age and security specific setting.	
Adult Residential	125	125	# of Beds 0	).5	125 125	
Treatment	123	123	# 01 Deus C	).5	125 125	
Adolescent						
Residential	28	28	# of Beds C	).1	28 28	
Treatment						
Substance Abuse	5	5	# of Beds 0	).8	5 5	
Transitional Care	3	3	# 01 Deus C	).0	5 5	
Substance Abuse						
Non-Acute Care	158	158	1	.4	158 158	
Totals						

#### **Elder Care**

Elderly Care Program	Elderly Care Program provides physical, psychological, social, and spiritual care for healthy and dying seniors in an environment outside of a hospital.											
Nursing Home	1	1	# of Beds	1.0	1	1						
Assisted Living	1	1	# of Beds	1.0	1	1						
Hospice	0	0	# of Beds	0.0	0	0						
Elder Care Totals	3	3		2.0	3	3						

#### **Ancillary Services**

Crossover % -0.0% Pharmacy

Laboratory

Clinical Pathology operates the clinical laboratories and conducts studies, investigations, analyses, and examinations, including diagnostic and routine tests and systems. Additional activities may include, but are not limited to, transportation of specimens from the nursing floors and surgical suites and preparation of samples for testing. The Clinical Lab includes Chemistry, Urinalysis, Hematology, Serology, Immunology and Coagulation.

Clinical Lab	2,570	2,570	Techs @ Peak	0.3	2,570		SAC (CLIA waived)
Microbiology	328	328	Techs @ Peak	0.0		328	
Blood Bank	67	67	Techs @ Peak	0.0		67	
Anatomical	9	9	Techs @ Peak	0.0		9	

Anatomical Pathology conducts the histopathology and cytopathology laboratories; directs studies, examinations, and evaluations including diagnostic and routine procedures; provides referrals and consultations; performs post-mortem examinations; and operates the morgue.

* * * * * * * * * * * * * * * * * * * *			* *						
Lab Totals	2,974	2,974	Techs @ Peak	0.3	2,570	0	404	0	0
Pharmacy	7,013	7,013	Pharmacists	0.0	7,013				SAC (part-time)
Acute Dialysis	2	2	Rooms	0.0			2		

Acute Dialysis Services provides purification of the patient's blood, removing excess water and toxins, at the bedside while the patient is hospitalized. Specialty trained personnel, supervised by a nephrologist, rotate through the hospital caring for and providing this service to admitted patients requiring dialysis.



## Delivery Plan - Native American (IHS)

Small Health Clinic SAC

			Projected Need				Delivery	Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA		Referrals Thres		
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Diagnostic Imaging										
	•		ogic services to inpatier and fluorographs; direc						•	•
Radiographic	282	282	Rooms	0.0			282			
Ultrasound	47	47	Rooms	0.0			47			
Mammography		99	Rooms	0.0			99			
Fluoroscopy		20	Rooms	0.0			20			
СТ		18	Rooms	0.0			18			
MR		12	Rooms	0.0			12			
Diagnostic Imaging Totals	4/8	478	Radiologist	0.0			478			
Nuclear Medicine	30	30	Rooms nedicine studies, interpr	0.0			30			
consulting with patient Rad. Oncology Chemotherapy Rehabilitation Servi	o 0 0 ces	ng physician 0 0	ng whole blood counting s, and maintaining radio Rooms Patient Spaces	0.0 0.0	te disposal ar	nd storage of ra	dioactive ma 0 0	terials.		
			ired or threatened by d							
consultation, counselir Occupational Therapy,			on, research, and comm	nunity servic	es. This serv	rice typically col	nsists of thre	e disciplines:	Physical Ti	herapy,
Physical Therapy		226	Therapy FTE	0.1				226	Suppor	ted at Auburn
Occupationa	l 64	64	Therapy FTE	0.0				64	Suppor	ted at Auburn
Speech Therapy	32	32	Therapy FTE	0.0				32	Suppor	ted at Auburn
Rehab Tota	322	322	Therapy FTE	0.2				322		
Respiratory Therapy	3,087	3,087	Therapy FTE	0.0			3,087			
forms of rehabilitative	therapy includ	ling initiating	oxygen, humidification, a g, monitoring, and evalu iility to exchange oxyge	ıating patier	nt performance	e and reactions	to therapy a	nd performing	g blood gas	analysis. The
Cardiac Catheterization Cases	5	5	Rooms	0.0			5			
The Cardiac Catheteria heart and circulatory s	ystem. Other	activities in	ncluding the operations clude explaining test pr ting, testing, calibrating	ocedures to	patients; per	forming invasiv		-		
Home Health Care	5	5	# FTE	0.3			5		5	
independence while m			d families in their places sability and illness, inclu			, maintain, or re	store health	or to maximiz	ze the level	of
Surgery The Surgery product li Minor Procedure Room		nesthesiolog	gy, Pre & Post Recover	y, and the p	provision of inv	vasive procedui	es requiring	the sterility of	f an Operati	ng Room or
Minor Procedure						·				
Endoscopy		12	Endo Suites	0.0			12			
Outpatient Surgery										
Cardiovascular		1	Outpatient ORs	0.0			1			
Digestive		12	Outpatient ORs	0.0			12			
Endocrine		0	Outpatient ORs	0.0			0			
ENT		5	Outpatient ORs	0.0			5			
Gynecology		4	Outpatient ORs	0.0			4			
Hemic / Lymphatic		0	Outpatient ORs	0.0			0			
Integument		5	Outpatient ORs	0.0			5			
Musculoskeleta	1 7	7	Outpatient ORs	0.0			7			

# The California Area Health Services Master Plan Chapa-De Indian Health Program - Grass Valley



## Delivery Plan - Native American (IHS)

Small Health Clinic SAC

			Projected Need		Delivery	/ Options	
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd	PSA	Referrals due to Threshold	
Discipline	Care	Care	(KC)	in 2015	On Site On Site VP CHS*	Srv Unit Region	Remarks
Nervous	2	2	Outpatient ORs	0.0	2		
Ocular		5	Outpatient ORs	0.0	5		
Respiratory	1	1	Outpatient ORs	0.0	1		
Urogenital	3	3	Outpatient ORs	0.0	3		
<b>OP Surgical Case</b>	44	44	Outpatient ORs	0.0	44		
npatient Surgery	11	11	Inpatient ORs	0.0	11		
Surgical Case	55	55		0.0	67		
Administrative Support							
Administration			# of FTE	2.5	2.5		SA
	es, administer	rs, and sup			strative aspects of the facility; responsible	e for all personnel assigne	
-		-		cal services	officers, support staff, and facilities; imp	lements directed programs	s; is
esponsible for the care	e, treatment, a	and welfare	of all patients.		_ <u></u>		
Nursing Administrat	ion		# of FTE	0.0	0.0		i <mark>n Adm</mark>
		-	th inpatient and outpation	ent. Respoi	nsible for the hiring and continued educa	ation of the nursing and me	dical aid st
Manages nursing quali	ity improveme	nt efforts.					
Quality Managemer			# of FTE	0.0	0.0		i <mark>n Adm</mark>
Responsible for creder	ntialing of the	professiona	al staff, performance imp	provement e	efforts within the facility and patient care	utilization review.	
nformation Manage	mont		# of FTE	1.0	1.0		SA
		nt provides			day to day operation, training, maintena	nce and development of th	
					ility by the Indian Health Service.	nee and development of the	
lealth Information I			# of FTE	4.2	4.2		SA
	_	-		ng, complet	ing, analyzing, ensuring availability, and	safekeeping of patient rec	ords (also
•	to facilitate, ei	valuate, and	d improve patient care.	0.0			0.4
Business Office	nonto adminio	trativa proc	# of FTE	2.0	2.0 healthcare delivery costs from third-pai	tr, navara: idantifica nation	SA to that have
					omplies with third-party payer requireme		
		•	made; and documents	_		,	
Contract Health			# of FTE	1.2	1.2		SA
Contract Health Servic	e Program co	ordinates a	ccess to medical care t	hat is not av	vailable at the facility. This is done by de	etermining eligibility for Cor	ntract Healt
Care, identifying other	alternate resc	ources, esta	ablishing medical prioriti	es and havi	ng an effective working relationship with	all private providers, patie	nts, and sta
acility Support							
Services							
Clinical Engineering			# of FTE	0.5	0.5		SA
		ntive mainte	enance, inspection, and		edical and dental equipment; conducts a	systematic inspection of e	
etermine operational	status, and as	ssigns servi	ceability condition code	s to equipm	ent; performs scheduled preventive mai	ntenance of medical and d	ental
	•				ment or components; modifies equipmen		ent; inspec
nd tests contractor-in	stalled equipn	nent; disass	sembles, packs, receive	s, and inspe	ects equipment; and maintains audio and	d video equipment.	
Eacility Managamar	\t		# of FTE	0.5	0.5		SA
acility Managemer		cilities hui	ding systems and groun		0.3		37
	ricaliii siles la	omtics, buil					
Central Sterile			# of FTE	0.0	0.0		SA
The decontamination, a	assembly, ste	rilization ar	nd distribution of reusab	le instrumer	ntation. Also responsible for the distribut	ion of other sterile products	5.
Dietary			# of FTE	0.0	0.0		SA
Tl			g and distribution of me	als to inpati	ents, outpatients and staff. Nutritional ov	ersight for these meals as	well as
_	s with patients	s and staff.					
ne ordering, maintena autritional consultation					0.0		
outritional consultation Property & Supply			# of FTE	0.0	0.0		SA
outritional consultation Property & Supply Property & Supply prov		-	supplies, equipment, ar	nd certain se	ervices necessary to support the mission		:lude:
utritional consultations Property & Supply Property & Supply province inventory	control, rece	ipt, storage	supplies, equipment, ar , quality assurance, issi	nd certain se ue, turn in, c	ervices necessary to support the mission disposition, property accounting and repo	orting acitons for designate	clude: ed medical
utritional consultations roperty & Supply roperty & Supply prov ocurement, inventory and non-medical suppl	control, rece lies and equip	ipt, storage ment requii	supplies, equipment, ar , quality assurance, isso red in support of the me	nd certain se ue, turn in, d dical missio	ervices necessary to support the mission	orting acitons for designate al stock fund; managemer	clude: ed medical nt and con

## The California Area Health Services Master Plan Chapa-De Indian Health Program - Grass Valley



## Delivery Plan - Native American (IHS)

Small Health Clinic SAC

			Projected Need		Delivery Options  Referrals due to					
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA		Referrals Thres		
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
lousekeeping & Li			# of FTE	1.0	1.0					SA
			lity for maintaining the l lp, sorting, issuing, dist							
			education programs wing all areas of the facility							
Public Health Nursi	na		# of FTE	3.2	3.2					SAG
Public Health Nutrit			# of FTE	0.7	0.7					SA
Environmental Hea	lth		# of FTE	0.0	0.0					
lealth Education			# of FTE	0.0	0.0					
Additional Services										
Case Management			# of FTE	0.0	0.0				i	ncl. in PHI
Case Management pro	ovides profess	sional staff o	ledicated to insuring a	continuum o	f care and fol	llow up for chror	nically ill or po	otentially chro	nically ill pa	tients.
CHR			# of FTE	0.0	0.0					
	resentatives i	nform comn	nunity members about			make referrals	to appropriat	te agencies, a	and assist P	HN staff wit
			health promotion activi							
Diabetes Program			# of FTE	0.0	1.0					1 current
			patient's education and inically with pre-renal e				diabetic pati	ent with preve	entive educa	ation and
Senior Citizen Cen			# of FTE	0.0	0.0					
Congregate meal, me	al delivery, co	mpanionshi <sub>l</sub>	o, advisory, exercise, tr	ansport. (3 p	people per ce	enter; Suprv., Co	ook, Driver) (	Centers/Staff)		
MC	00	00	1 a a #4 # a £ ETE	0.0	0.0		00			
MS	90	90	Loc #1 - # of FTE # of Ambulances	0.0	0.0		90			
			Loc #2 - # of FTE	0.0	0.0					
			# of Ambulances	0.0	0.0					
			Loc #3 - # of FTE	0.0	0.0					
			# of Ambulances	0.0	0.0					
mergency Medical S	ervices provid	le emergend	cy medical services with			ervice unit. Amb	ulances are a	available twer	nty-four hou	rs a day
even days a week, si	taffed with Sta	te Certified	EMT, IEMT and Param	nedics.						
Alternative Medicin			# of FTE	0.0	0.6					ro current
•			iropractic services to th have regarding unaddi		•	educational serv	ices related t	to various hea	alth issues.	It also seek
	ommunity me	mbers may	# of FTE							C A
			ty residents to health re nce and the administra							expenses
Maternal Child Hea	lth		# of FTE	0.0	1.0				would li	ke in futur
		exist to prov	ride basic prenatal and			support to Nativ	e American ı	mothers. The		
reastfeeding education	on/support, ho	me visit eva	aluations for pre and po	st natal care	e, education o	on topics such a	s FAS/FAE,	car seat use a	and safety, a	and nutritior
VIC			# of FTE	0.0	0.0					
NIC Program provide:			ition education, suppler							eeding,
	rarno ana omi									
	Turno aria oriin		# of FTE	0.0	1.0				would li	ke in futur

# The California Area Health Services Master Plan Chapa-De Indian Health Program - Grass Valley



## Delivery Plan - Native American (IHS)

Small Health Clinic SAC

			Projected Need		Delivery Options					
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd	PSA			Referral Thres	s due to shold	
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Domestic Violence			# of FTE	0.0	0.0					
Family Planning/Domestic Violence promotes Native American health through emphasizing benefits of family planning and supporting such emphasis through education, appointment referrals for sterilization procedures, and pre-natal/post-natal home visits to discuss family planning needs; as well as lowering incidents of domestic violence through the provision of shelters/safe houses and/or referrals to other Domestic Violence assistance services. Referrals come through other programs such as WIC, PHN, etc.										
Wellness Center			# of FTE	0.0	1.0				would li	ke in future
support or cooperation	n with such oth		iining, coaching and ed s as Elder Care, Diabe		tc.	cans of all ages,	, acting eithe	r as an indep	endent servi	ce or in
Outreach Elder Car			# of FTE	0.0	0.0					
education and health I	benefit counse	lling is provi	# of FTE	0.0	0.25			curre	ntly no ded	icated staf
Coordinates all educa with HIV/AIDS.	tional services	for persons	at high-risk for contrac	cting the viru	is which cau	ses HIV/AIDS.(	Case manag	ement is also	provided to	those living
Injury Prevention			# of FTE	0.0	0.25				would li	ke in futur
Reduce injury morbidi	ty and mortalit	y among Na	ative Americans.							
Tribal Health Admir	nistration		# of FTE	0.0	0.0					
Tribal Health Administ personal control over	•		es and ensures quality life.	health servi	ces for servi	ce unit residents	, while enco	uraging more	self-reliance	and
Tobacco			# of FTE	0.0	0.0					
Tobacco prevention and cessation services focus primarily on reducing incidents of youth use and possession as well as reducing exposure to second hand smoke. It also encourages tobacco cessation through education and public awareness events.										
Bio-Terrorism			# of FTE	0.0	0.0					
The bioterrorism program is responsible for coordination and planning of emergency response activities, including emerging infectious diseases, healthcare security systems and associated policy development for the Service Area.										
Total 2015 Non-De	eviated RRM	1 Staff FT	Es	29.9	36.0	Required IHS	S Supporta	able Space	Staff	SAC

## Chapa-De Indian Health Program - Grass Valley



## Resource Allocation - Native American (IHS)

Small Health Clinic SAC

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct Health Care					Contract Health Care		
Discipline	Planned Projected Provider Visits	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected Provider Visits	Cost / Unit	Total CH Dollars	
Primary Care	Only					Only			
Family Practice	3,040	Providers	1.1	1.0	91%	0	\$64	\$0	
,	Visiting Provid	lers to outlying areas.							
		Provider Offices	1.0	1.0	100%				
		Exam Rooms	4.0	3.0	75%	·-			
Internal Medicine	0	Providers	0.0		100%	0	\$64	\$0	
	Visiting Provid	lers to outlying areas.	0.0		4000/				
		Inpatient Physician	0.0		100%				
		Provider Offices Exam Rooms	0.0 0.0		100% 100%				
Pediatric	0	Providers	0.0		100%	0	\$50	\$0	
i ediatric		lers to outlying areas.	0.0		100 /0	U	ψου	ΨΟ	
	violang i rovio	Inpatient Physician	0.0		100%				
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Ob/Gyn	0	Providers	0.0		100%	0	\$110	\$0	
	Visiting Provid	lers to outlying areas.							
		Inpatient Physician	0.0		100%				
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Urgent Care Clinic	O Vinitina Danid	Providers	0.0		100%				
	Visiting Provid	lers to outlying areas. Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Primary Care Total	3,040	Providers	1.1	1.0	91%	0		\$0	
Timary Gard Total	0,010	Provider Offices	1.0	1.0	100%	Ü		ΨΟ	
	Nursing Sup	port (RN+LPN+CNA)		2.0	100%				
		atory Care Nutritionist			100%				
		Exam Rooms	4.0	3.0	75%				
		Dept. Gross Sq. Mtrs	233.2	92.9	40%				
		ED Danidana	0.0		4000/	000	0004	<b>\$00.040</b>	
Emergency Care	O Numair	ER Providers	0.0		100%	308	\$261	\$80,248	
	Nursir	ng Support (RN+LPN) Patient Spaces	0.0 0.0		100% 100%				
		Dept. Gross Sq. Mtrs			100%				
	Provider Visits	Dept. 01033 0q. Witis	0.0		10070	<b>Provider Visits</b>			
Specialty Care	Only					Only			
Orthopedics	0	Providers	0.0		100%	131	\$134	\$17,508	
	Visiting Provid	lers to outlying areas.	0.0		40001				
		Provider Offices	0.0		100%				
Onbthalmalacu	0	Exam Rooms Providers	0.0		100%	92	¢126	¢42 502	
Ophthalmology	_	lers to outlying areas.	0.0		100%	92	\$136	\$12,503	
	Visiting Provid	Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Dermatology	0	Providers	0.0		100%	102	\$73	\$7,401	
····	_	lers to outlying areas.	5.5				<b>4.</b> 3	, , , , , , ,	
	3 ,,,,	Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
General Surgery	0	Providers	0.0		100%	100	\$163	\$16,309	
	Visiting Provid	lers to outlying areas.							
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%			<b>A</b> =	
Otolaryngology		Providers	0.0		100%	60	\$86	\$5,122	
	Visiting Provid	lers to outlying areas.	0.0		4000/				
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				

## Chapa-De Indian Health Program - Grass Valley



## Resource Allocation - Native American (IHS)

Small Health Clinic SAC

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

	Direct Health Care					Contract Health Care		
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Cardiology	0	Providers	0.0		100%	29	\$126	\$3,656
	Visiting Provid	ders to outlying areas.						
		Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Urology	0	Providers	0.0		100%	34	\$163	\$5,520
	Visiting Provid	ders to outlying areas.	0.0		4000/			
		Provider Offices Exam Rooms	0.0		100% 100%			
Neurology	0	Providers	0.0		100%	28	\$133	\$3,670
Neurology	_	ders to outlying areas.	0.0		100 /6	20	ψ133	ψ3,070
	violarig i rovio	Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Other Subspecialties	-					159	\$96	\$15,178
·						159	φθΟ	\$15,176
Nephrology		Providers	0.0		100%			
	Visiting Provid	ders to outlying areas.	0.0		4000/			
		Provider Offices	0.0		100%			
Alloray		Exam Rooms Providers	0.0		100% 100%			
Allergy	Viciting Provid	ders to outlying areas.	0.0		100%			
	Visiting Flovic	Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Pulmonology	-	Providers	0.0		100%			
. ae.e.egy	Visiting Provid	ders to outlying areas.	0.0		10070			
	Ü	Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Gerontology	<u></u>	Providers	0.0		100%			
	Visiting Provid	ders to outlying areas.						
		Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Gastroenterology		Providers	0.0		100%			
	Visiting Provid	ders to outlying areas.						
		Provider Offices	0.0		100%			
Dhawaatalaan	-	Exam Rooms Providers	0.0		100%			
Rheumatology	Visiting Provis		0.0		100%			
	Visiting Provid	ders to outlying areas.  Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Oncology	-	Providers	0.0		100%			
Cheology	Visiting Provid	ders to outlying areas.	0.0		10070			
	rioig . rovie	Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Pediatric-Specialist		Providers	0.0		100%			
	Visiting Provid	ders to outlying areas.						
		Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Traditional Healing		Providers	1.0		0%			
		Provider Offices	1.0		0%			
		Exam Rooms	1.0		0%			
Podiatry Visits	0	Podiatrists	0.0		100%	0	\$0	\$0
	visiting Provid	ders to outlying areas.	0.0		4000/			
		Podiatry Offices Exam Rooms	0.0		100%			
Specialty Care Sub-Total	0	Exam Rooms Exam Rooms	1.0	0.0	100% 0%	734		\$86,866
Specially Care Sub-Total	U	Provider Offices	1.0	0.0	0%	734		φου,ουυ
	Nursing Sur	port (RN+LPN+CNA)	0.0	0.0	100%			
	raioning out	Dept. Gross Sq. Mtrs	73.0		0%			
Total In-House Providers	3,040	Providers	2.1	1.0	48%			

### Chapa-De Indian Health Program - Grass Valley



## Resource Allocation - Native American (IHS)

Small Health Clinic SAC

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

Visiting Professional Clinic   22			Direct Hea	alth Care			Conti	act Healt	h Care
Services Include: Optionality	Discipline			-	(From	% of Need			Total CH Dollars
Provider Offices   O.0	Visiting Professional Clinic	222	Exam	0.0		100%	SAC provid	es staff &	space
Dental Service Minutes		etry				100%	l l		(.2 FTE)
Dental Service Minutes	Other Ambulatory Care	<u> </u>	Dept. Gross Sq. Mtrs	0.0		100%	included in	PC	
Visiting Providers to outlying areas.	_								
Visiting Providers to outlying areas.	Dental Service Minutes	65,075			1.2		0	\$0	\$0
Hygienists		Viciting Drovi	0 ,	0.0		100%			
Dental Chair   Specialist Chair   0.0   100%   50%   222   \$204   \$45,426		Visiting Provi		0.5	0.8	160%			
Dept. Gross Sq. Mirs			, 0						
Optometry Visits			Specialist Chair	0.0		100%			
Visiting Providers to outlying areas.   Provider Offices   0.0   100%   Eye Lanes   0.0   100%   0.0		_			107.9				
Provider Offices   Eye Lanes   Doby   Dept. Gross Sq. Mtrs   Dob	Optometry Visits			0.2		0%	222	\$204	\$45,426
Eye Lanes		Visiting Provi		0.0		4000/			
Dept. Gross Sq. Mtrs							Allowed 2 F	TE	
Dialysis Patients			,						Room
Dept. Gross Sq. Mtrs	Dialysis Patients	0							
Audiology Visits    O	,							40_0	**
Audiologist Offices	Audiology Visits		Audiologists			100%	107	\$0	\$0
Audiology Booths   Dept. Gross Sq. Mtrs   D		Visiting Provi							
Dept. Gross Sq. Mtrs   0.0   100%			•						
Mental Health									
Mental Health   Counselors   1.0   1.2   120%   Counselors   0.0   100%   0.0   Counselors   0.0   100%   Counselors   0			Dept. Gross Sq. Mtrs	0.0		100%			
Psychiatry	Behavioral Health								
Counselors   Cou	Mental Health		Counselors	1.0	1.2	120%			
Counselors   Cou							SAC provid	es staff &	space
Total Counselors									
Visiting Providers to outlying areas.   Counselor Offices   2.0   2.0   100%   Dept. Gross Sq. Mtrs   72.8   81.0   111%		_			4.0		70	Φ0	
Counselor Offices Dept. Gross Sq. Mtrs   72.8   81.0   111%	Benavioral Health Total	Viciting Provi		1.5	1.2	80%	72	\$0	\$0
Dept. Gross Sq. Mtrs   72.8   81.0   111%		Visiting Provi		2.0	2.0	100%			
Dept. Gross Sq. Mtrs									
Births									
Dept. Gross Sq. Mtrs   0.0   100%   29	•		1000	0.0		4000/		Φ4.000	<b>#07.400</b>
Obstetric Patient Days         0         Post Partum beds Dept. Gross Sq. Mtrs         0.0         100% 100% 100% 100% 100% 100% 100% 100%	BITTINS	0					14	\$1,983	\$27,163
Dept. Gross Sq. Mtrs   0.0   100%   35   \$562   \$19,658   100%	Obstatric Patient Dave	0					20		
Neonatology Patient Days	Obstant I allent Days	U					23		
Dept. Gross Sq. Mtrs   0.0   100%	Neonatology Patient Days	0					35	\$562	\$19,658
Dept. Gross Sq. Mtrs   0.0   100%		_	Dept. Gross Sq. Mtrs						
Adult Medical Acute Care  0  # of Beds	Pediatric Patient Days	0					17	\$562	\$9,752
Dept. Gross Sq. Mtrs		_							
Adult Surgical Acute Care  0  # of Beds	Adult Medical Acute Care	0					110	\$1,918	\$210,801
Dept. Gross Sq. Mtrs	Adult Curgical Asuta Cara						0.4	¢4.040	\$160 000
Intensive Care Patient Days	Adult Surgical Acute Care	U					04	\$1,918	φ100,630
Dept. Gross Sq. Mtrs	Intensive Care Patient Days	0					26	\$1.918	\$49.374
Psychiatric Patient Days							_0	Ψ.,σ.σ	Ţ <b>, 0 .                                 </b>
Dept. Gross Sq. Mtrs	Psychiatric Patient Days	0					15	\$356	\$5,414
Dept. Gross Sq. Mtrs			Dept. Gross Sq. Mtrs	0.0					
Sub Acute/Transitional Care       0       # of Beds Dept. Gross Sq. Mtrs       0.0 0.0 100%         Inpatient Care Total       0       # of patient beds       0       0       100%       318       \$483,88	Medical Detox Patient Days	0					3	\$356	\$896
Dept. Gross Sq. Mtrs         0.0         100%           Inpatient Care Total         0         # of patient beds         0         0         100%         318         \$483,88	Out Asset T 22 1.0	_							
Inpatient Care Total 0 # of patient beds 0 0 100% 318 \$483,88	Sub Acute/Transitional Care	0							
	Innationt Care Total	0			0		318		\$483 887
Dept. Gross Sq. Mtrs 0 0 100%	inpatient Gare Total	U	•				310		ψ+05,007

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July 2006

### Chapa-De Indian Health Program - Grass Valley



## Resource Allocation - Native American (IHS)

Small Health Clinic SAC

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

	Direct Health Care				Contract Health Care			
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Ancillary Services								
Laboratory Services								
Clinical Lab	2,570	Tech staff @ peak	0.0	0.0	100%	SAC provid	des space	for
Microbiology Lab	0	Tech staff @ peak	0.0		100%	Waive testi		
Blood Bank	0	Tech staff @ peak	0.0		100%		<b>5</b> (	´
Anatomical Pathology	0	Tech staff @ peak	0.0		100%			
Lab Total	2,570	Tech staff @ peak	0.0	0.0	100%	404	\$192	\$77,687
		Dept. Gross Sq. Mtrs	0.0		100%			
Pharmacy	7,013	Pharmacists	0.0	0.0	100%	0		\$0
		Dept. Gross Sq. Mtrs	57.1	0.0	0%	SAC space	e for VP	
Acute Dialysis	0	Rooms	0.0		100%	Pharmacis	ts (57.1 sn	n)
		Dept. Gross Sq. Mtrs	0.0		100%		•	
Diagnostic Imaging								
Radiographic exams	0	Rooms	0.0		100%	282	\$232	\$65,324
Ultrasound Exams	0	Rooms	0.0		100%	47	\$302	\$14,262
Mammography Exams	0	Rooms	0.0		100%	99	\$136	\$13,421
Fluoroscopy Exams	0	Rooms	0.0		100%	20	\$56	\$1,102
CT	0	Rooms	0.0		100%	18	\$736	\$13,493
MRI exams	0	Rooms	0.0		100%	12	\$1,314	\$16,255
Diagnostic Imaging Total	0	Radiologists	0.0		100%	478		\$123,857
		Dept. Gross Sq. Mtrs	0.0		100%			
Nuclear Medicine	0	Rooms	0.0		100%	30	\$723	\$21,494
		Dept. Gross Sq. Mtrs	0.0		100%			
Radiation Oncology	0	Rooms	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Chemotherapy	0	Patient Spaces	0.0		100%	0	\$1,192	\$0
Rehabilitation Services PT Visits OT Visits	0	Dept. Gross Sq. Mtrs Therapy FTE Therapy FTE	0.0		100% 100% 100%	Supported	at Auburn	
Speech Therapy Visits	0	Therapy FTE	0.0		100%			
Rehab Total	0	Therapy FTE	0.0	0.0	100%	0	\$74	\$0
		Dept. Gross Sq. Mtrs	0.0		100%		·	
RT Workload Minutes	0	Therapy FTE	0.0		100%	3,087		\$0
		Dept. Gross Sq. Mtrs	0.0		100%	,		
Cardiac Catheterization	0	Rooms	0.0		100%	5	\$3,378	\$15,572
Surgery		Dept. Gross Sq. Mtrs	0.0		100%			
Outpatient Endoscopy Cases	0	Endoscopy Suites	0.0		100%	12	\$1,495	\$17,373
Outpatient Surgery Cases	0	Outpatient ORs	0.0		100%	44	\$1,657	\$73,008
Inpatient Surgical Cases	0	Inpatient ORs	0.0		100%	11	ψ1,007	\$0
inpation Surgious Succes	· ·	# of Pre-Op Spaces	0.0		100%			ų o
		# of PACU Spaces	0.0		100%			
		# of Phase II Spaces	0.0		100%			
Surgical Case Total	0	# of ORs	0.0	0.0	100%	67		\$90,382
ourgiour outer rotar		Dept. Gross Sq. Mtrs	0.0	0.0	100%			Ψ00,002
Administrative Support								
Administration		# of FTE	2.5	1.0	40%	Supported a	at Auburn	
Auministration		Dept. Gross Sq. Mtrs	2.5 83.2	36.8	44%	Supported a	n Aubuiii	
Nursing Administration		# of FTE	0.0	30.0	100%			
Nursing Administration			0.0		100%			
Quality Management		Dept. Gross Sq. Mtrs # of FTE	0.0					
Quality Management					100%			
Information Management		Dept. Gross Sq. Mtrs # of FTE	1.0		100%			
Information Management			32.4		0% 0%			
Health Information Mngmt.		Dept. Gross Sq. Mtrs # of FTE	4.2	1.0	0% 24%	Supported a	at Auhurn	
ricatii iiioimattoii wiigiit.		Dept. Gross Sq. Mtrs	50.0	17.5	35%	συρροπού σ	n Aubuiii	
		Dept. Gloss 34. MIIS	30.0	17.5	3370			

### Chapa-De Indian Health Program - Grass Valley



## Resource Allocation - Native American (IHS)

Small Health Clinic SAC

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct Health Care			Contract Health Care			
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Business Office		# of FTE	2.0	3.0	150%			
		Dept. Gross Sq. Mtrs		45.0	82%			
Contract Health		# of FTE	1.2		0%	Supported a	nt Auburn	
		Dept. Gross Sq. Mtrs	0.0		100%			
Facility Support Services								
Clinical Engineering		# of FTE	0.5		0%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Facility Management		# of FTE	0.5		0%			
		Dept. Gross Sq. Mtrs			100%			
Central Sterile		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
Dietary		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
Property & Supply		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			0%			
Housekeeping & Linen		# of FTE	1.0		0%			
		Dept. Gross Sq. Mtrs	16.1		0%			
Preventive Care								
Public Health Nursing		# of FTE	3.2	0.1	3%			
-	Visiting Provide	ers to outlying areas.						
	•	Dept. Gross Sq. Mtrs	54.6		0%			
Public Health Nutrition		# of FTE	0.7	0.2	29%			
	Visiting Provide	ers to outlying areas.						
	•	Dept. Gross Sq. Mtrs	12.6	6.6	52%			
Environmental Health		# of FTE	0.0		100%	Supported a	t Auburn	
		Dept. Gross Sq. Mtrs			100%	Capportou		
Health Education		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
Case Management		# of FTE	0.0		100%			
	Visitina Provid	ers to outlying areas.			100.0			
	•	Dept. Gross Sq. Mtrs	0.0		100%			
CHR	_	# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
Diabetes Program		# of FTE	1.0		0%			
		Dept. Gross Sq. Mtrs			0%			
HIV/AIDS		# of FTE	0.3		0%			
,,20		Dept. Gross Sq. Mtrs			0%			
obacco		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
VIC		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
Wellness Center		# of FTE	1.0		0%			
veiness center		Dept. Gross Sq. Mtrs			0%			
Additional Services - IHS Su	<u> </u>	u - ( ETE	4.0		00/		<b>0.10.</b>	Φ
Fransportation		# of FTE	1.0		0%	0	\$161	\$0
		Dept. Gross Sq. Mtrs			0%			
Domestic Violence		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			<b>^</b>
EMS		# of FTE	0.0		100%	90	\$642	\$57,649
		# of Ambulances	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
Maternal Child Health		# of FTE	1.0		0%			
		Dept. Gross Sq. Mtrs			0%			
Tribal Health Administration		# of FTE	0.0		100%			

Dept. Gross Sq. Mtrs 0.0

100%

### Chapa-De Indian Health Program - Grass Valley



## Resource Allocation - Native American (IHS)

Small Health Clinic SA

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct Hea	alth Care	th Care			Contract Health Care		
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars	
Alternative Medicine		# of FTE	0.6	0.60	100%				
(Chiropractor)		Dept. Gross Sq. Mtrs	8.2		0%				
Bio-Terrorism		# of FTE	0.0		100%				
		Dept. Gross Sq. Mtrs	0.0		100%				
Injury Prevention		# of FTE	0.3	0.0	0%				
		Bldg. Gross Sq. Mtrs.	3.4		0%				
Security		# of FTE	1.0	0.0	0%				
		Dept. Gross Sq. Mtrs	6.2		0%				
Total 2015 Non-Deviated RRM Positions	l vs Existing	Recurring IHS	29.9	14.0	47%				
IHS Supportable Space Staff F	Required vs.	Existing	36.0	14.1	39%				
IHS Supportable Space - Build	ding Gross S	quare Meters	1,641	307	19%			SAC	
Substance Abuse Non- Acute Care									
Adult Residential Treatment	0	# of Beds Dept. Gross Sq. Mtrs	0.0		100% 100%				
Adolescent Residential	0	# of Beds	0.0		100%				
Treatment		Dept. Gross Sq. Mtrs	0.0		100%				
Substance Abuse Transitional	0	# of Beds	0.0		100%				
Care		Dept. Gross Sq. Mtrs	0.0		100%				
Total SANAC - Building Gro	ss Square M	eters	0	0	100%				
Additional Services - Non-IHS	Supported								
Elder Care									
Nursing Home	0	# of patient beds	0.0		100%				
-		Bldg. Gross Sq. Mtrs.	0.0		100%				
Assisted Living	0	# of patient beds	0.0		100%				
		Bldg. Gross Sq. Mtrs.			100%				
Hospice	0	# of patient beds	0.0		100%				
		Bldg. Gross Sq. Mtrs.			100%				
Senior Citizen Center		# of FTE	0.0		100%				
		Bldg. Gross Sq. Mtrs.			100%				
Outreach Elder Care		# of FTE	0.0		100%				
		Bldg. Gross Sq. Mtrs.	0.0		100%				
Home Health Care	0	# of Home Health Care FTE	0.0		100%	5	\$0	\$0	
		Bldg. Gross Sq. Mtrs.			100%				
Elder Care Total	0	# of patient beds	0	0	100%				
		Bldg. Gross Sq. Mtrs.	. 0	0	100%				
Total Elder Care - Building	Gross Square	e Meters	0	0	100%				

### Chapa-De Indian Health Program - Grass Valley



## Resource Allocation - Native American (IHS)

Small Health Clinic SAC

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct Health Care						
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need			
Miscellaneous Services								
		# of FTE	0.0		100%			
		Bldg. Gross Sq. Mtrs.	0.0		100%			
		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
		# of FTE	0.0		100%			
		Bldg. Gross Sq. Mtrs.	0.0		100%			
Miscellaneous Services Bu	0	0	100%					
Grand Total - Total Building Gross Square Meters				307	19%			

Contract Health Care					
Planned	Cost /	Total CH			
Projected	Unit	Dollars			

Contract Health	<b>#4</b> 000 007
Dollars Sub-Total	\$1,083,067
Other Expenditures -	£400,000
Contract Health	\$422,396
Inflation Adjusted	<b>CO 047 004</b>
CHS \$ - Total	\$2,017,321